

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
						IND.	DEP.	IND.	DEP.	IND.	DEP.
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						TOTAL DEP.					
						TOTAL CLAIMS					